

Effective October 1, 2003

Application or Docket Number

10/832023

# CLAIMS AS FILED - PART I

|                         | (Column 1)    | (Column 2)               |
|-------------------------|---------------|--------------------------|
| AS                      | 23            |                          |
|                         | NUMBER FILED  | NUMBER EXTRA             |
| SEABLE CLAIMS           | 23 minus 20 = | 3                        |
| CLAIMS                  | 7 minus 3 =   | 4                        |
| DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     | 27.00  | OR | XS 18=    |        |
| X43=      | 172.00 | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     | 584.00 | OR | TOTAL     |        |

ce in column 1 is less than zero, enter "0" in column 2

# CLAIMS AS AMENDED - PART II

| (Column 1)                           | (Column 2)                         | (Column 3)               |
|--------------------------------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| 16                                   | 23                                 | = 0                      |
| 7                                    | 7                                  | = 0                      |
| ENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           | 0              | OR | XS 18=          |                |
| X43=            | 0              | OR | X86=            |                |
| +145=           | 0              | OR | +290=           |                |
| TOTAL ADDL. FEE | 0              | OR | TOTAL ADDL. FEE |                |

| (Column 1)                           | (Column 2)                         | (Column 3)               |
|--------------------------------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|                                      |                                    | =                        |
|                                      |                                    | =                        |
| ENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           |                | OR | XS 18=          |                |
| X43=            |                | OR | X86=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDL. FEE |                | OR | TOTAL ADDL. FEE |                |

| (Column 1)                          | (Column 2)                         | (Column 3)               |
|-------------------------------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|                                     |                                    | =                        |
|                                     |                                    | =                        |
| NTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

| RATE  | ADDITIONAL FEE |    | RATE   | ADDITIONAL FEE |
|-------|----------------|----|--------|----------------|
| XS 9= |                | OR | XS 18= |                |
| X43=  |                | OR | X86=   |                |
| +145= |                | OR | +290=  |                |
| TOTAL |                | OR | TOTAL  |                |

Best Available Copy

on 1 is less than the entry in column 2, write "0" in column 3.  
number Previously Paid For IN THIS SPACE is less than 20, enter "20"